

Application Data Sheet

Application Information

Application number: 10/034,505
Filing Date: 12/28/2001
Application Type: Regular
Subject Matter: Utility
Suggested classification:
Suggested Group Art Unit:
CD-ROM or CD-R?: None
Computer Readable Form (CRF)?: No
Title: STERILE DEVICE AND METHOD FOR PRODUCING SAME
Attorney Docket Number: 047711-0294
Request for Early Publication?: No
Request for Non-Publication?: No
Suggested Drawing Figure: 1
Total Drawing Sheets: 10
Small Entity?: No
Petition included?: No
Secrecy Order in Parent Appl.?: No

Applicant Information

Applicant Authority Type: Inventor
Primary Citizenship Country: US
Status: Full Capacity
Given Name: Jennifer M.
Family Name: Reynolds
City of Residence: Simi Valley
Country of Residence:
Street of mailing address: 1243 Fourth Street

City of mailing address: Simi Valley
State or Province of mailing address: CA
Postal or Zip Code of mailing address: 93065

Applicant Authority Type: Inventor
Primary Citizenship Country: US
Status: Full Capacity
Given Name: Aaron
Family Name: Swanson
City of Residence: Los Angeles
Country of Residence:
Street of mailing address: 6701 West 87th Street

City of mailing address: Los Angeles
State or Province of mailing address: CA
Postal or Zip Code of mailing address: 90045

Applicant Authority Type: Inventor
Primary Citizenship Country: US
Status: Full Capacity
Given Name: Rajiv
Family Name: Shah
City of Residence: Rancho Palo Verdes
Country of Residence:
Street of mailing address: 28003 Lobrook
City of mailing address: Rancho Palo Verdes
State or Province of mailing address: CA
Postal or Zip Code of mailing address: 90275

Correspondence Information

Correspondence Customer Number: 23392
E-Mail address: PTOMailLosAngeles@Foley.com

Representative Information

Representative Customer Number:	23392	
--	-------	--

Domestic Priority Information

Application:	Continuity Type:	Parent Application:	Parent Filing Date:
This Application	An application claiming the benefit under 35 USC 119(e)	60/335,978	10/23/2001

Foreign Priority Information

Country:	Application number:	Filing Date:	Priority Claimed:

Assignee Information

Assignee name: MEDTRONIC MINIMED, INC.